

SECTION - A

**FIELD COC RECORDS AND RECEIVING
DOCUMENTATION**



Pg. 1 of 1

4. POLYMERIZATION

↑ PRESERVATIVE

A	NONE pH~7
B	HNO ₃ pH<2

C H_2SO_4 pH<2

E NaOH pH>12

G	MeOH
H	Other (note below)

Sample Comments

100

1

Time

Time 0849

COPY - FIELD/SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	Work Order #: 1207057
Receipt Record Page/Line # 45.4	Project Chemist / Sample #s

Recorded by (initials/date) WC 7.6.12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (#)	<input type="checkbox"/> See Additional Cooler Information Form
---	--	--------------------------	---	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
1m 2921	0925							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input checked="" type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:			Temp Blank:			Temp Blank:		
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	49	-	49	1				
2	5.5	-	5.5	2				
3	5.1	-	5.1	3				
Average °C			5.2	Average °C				
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?				<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?				

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____

☒ Received for Lab Signed/Date/Time?

☐ Shipping document?

☐ Other _____

COC Information

☒ TriMatrix COC ☐ Other _____

COC ID Numbers:

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?

☒ Sample ID matches COC?

☒ Sample Date and Time matches COC?

☒ Container type completed on COC?

☒ All container types indicated are received?

Sample Condition Summary

N/A ☒ Yes ☐ No ☐

☒ Broken containers/lids?

☒ Missing or incomplete labels?

☒ Illegible information on labels?

☒ Low volume received?

☒ Inappropriate or non-TriMatrix containers received?

☒ VOC vials / TOX containers have headspace?

☒ Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A ☒ Yes ☐ No ☐

☒ Average sample temperature ≤6° C?

☐ Was thermal preservation required?

If "No", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

☒ Samples chemically preserved correctly?

If "No", added orange tag?

☐ Received pre-preserved VOC soils?

☐ MeOH ☐ Na₂SO₄

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological

☐ Air Bags

☐ EnCores / Methanol Pre-Preserved

☐ Formaldehyde/Aldehyde

☐ Green-tagged containers

☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:

COPIES OF COC TO LAB AREA(S)

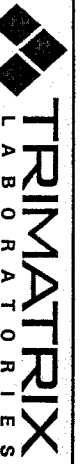
☒ NONE RECEIVED

☐ RECEIVED, COCs TO LAB(S)

Notes

☐ Trip Blank received ☒ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?
7.6.12 0840	7.6.12 0930	Yes / No



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

652932

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

VOA Rack/Tray

240, 440 B

Client Name
TechLaw Inc.

Project Name
KNM

Receipt Log No.

1-19

Address
205 W. Wacker Drive, Suite 1622

Client Project No. / P.O. No.

Project Chemist
Gary Wood

City, State Zip
Chicago, IL 60606

Invoice To ☒ Client
☐ Other (comments)

Work Order No.

1207122

Phone/Cell: 312.345.8930; 217.721.5483
Email: kwhitlock@techlawinc.com

Contact/Report To
Kim Whitlock

EDB-8011
VOCs

Container Type (corresponds to Container Packing List)

- ← PRESERVATIVES
- A NONE pH-7
 - B HNO₃ pH<2
 - C H₂SO₄ pH<2
 - D 1+1 HCl pH<2
 - E NaOH pH>12
 - F ZnAc/NaOH pH>9
 - G MeOH
 - H Other (note below)

Schedule Matrix Code Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

Container Type

Number of Containers Submitted

Total

Sample Comments

W

W01

W02

W03

W04

W05

W06

W07

W08

W09

W10

W11

W12

W13

W14

W15

W16

W17

W18

W19

W20

W21

W22

W23

W24

W25

106042A

106042B

106043A

106043B

2288

2-10-12

11:00

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Tech lens

1-19

2

6207122

Project Analysis

List non-conformance issues associated with this work order in the chart below/left. Identify discrepancies between the COC and sample tags in the chart below/right. Add comments as needed.

[illegible]

General Comments:

Confirm Collection Times when emailing

Spec to client

Per Client (7/17/12) 106042 Collected @ 1300, 106043 Collected @ 1100

Project Chemist (initials/date)

2/18/12

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	Work Order #: 1207122
Receipt Record Page/Line # 1-19	New / Add To Project Chemist Sample #s

Recorded by (initials/date) LR 7/11/12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
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Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
2288	1433							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed <input checked="" type="checkbox"/> Top / <input checked="" type="checkbox"/> Middle / <input checked="" type="checkbox"/> Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:		4.7	Temp Blank:			Temp Blank:		
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	5.1	5.1	1			1		
2	5.1	5.1	2			2		
3	5.1	5.1	3			3		
Average °C			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ Received for Lab Signed/Date/Time? <input checked="" type="checkbox"/> Shipping document? <input type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers:	Check Sample Preservation N/A <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Average sample temperature ≤ 6° C? <input type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input checked="" type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄						
Check COC for Accuracy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)						
Sample Condition Summary N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <input checked="" type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Cooler Received (Date/Time)</th> <th style="width: 33%;">Paperwork Delivered (Date/Time)</th> <th style="width: 33%;">≤ 1 Hour Goal Met?</th> </tr> <tr> <td>7/11/12 0845</td> <td>7/11/12 1439</td> <td>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?	7/11/12 0845	7/11/12 1439	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?					
7/11/12 0845	7/11/12 1439	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

Environmental Containers
8-304-255-3900

ORIGIN ID: GRRA (505) 222-9504
STD BRANDAGE IN
NEW MEXICO ENV. DEPT
9500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

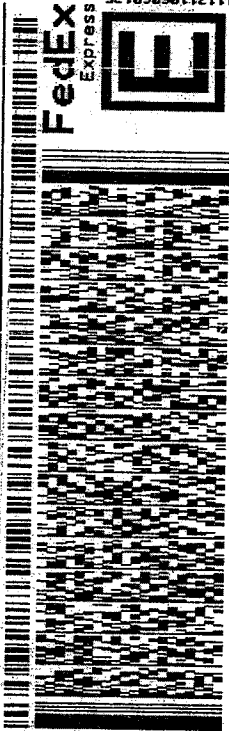
SHIP DATE: 28JUN12
ACTWGT: 20.0 LB MAN
CRD: 5640917CAFE2511

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: GLW KNM

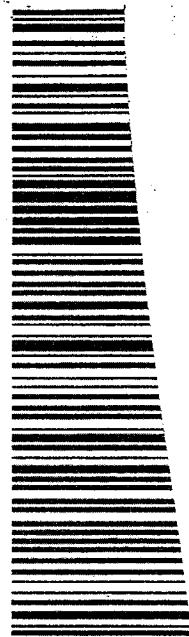


FedEx
TRK# 4953 7700 5219
0221

WED - 11 JUL AM
STANDARD OVERNIGHT

XX GRRA

49512
MI-US GRRA



CUSTOMER SEAL
DATE
SIGNATURE

7-10-12

BNA S

QEC

Quality Envir
800-255-395

RT 52



List non-conformance issues associated with this work order in the chart below/left. Identify discrepancies between the COC and sample tags in the chart below/right. Add comments as needed.

General Comments:

Project Chemist (initials/date)

SAMPLE RECEIVING / LOG-IN CHECKLIST



TRIMATRIX
LABORATORIES

Client Techlaw	Work Order #: 1207213
Receipt Record Page/Line # 115	New / Add To Project Chemist Sample #s

Recorded by (Initials/date) WC 7-17-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
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Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
Im 2991	0935						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact	
Coolant Location: Dispersed Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom	
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers	
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank: -		3.3	Temp Blank:			Temp Blank:	
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative	
1 4.1	-	4.1	1			1	
2 4.8	-	4.8	2			2	
3 4.5	-	4.5	3			3	
Average °C 4.5			Average °C			Average °C	
<input checked="" type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☒ Chain of Custody record(s)? If No, Initiated By _____

☒ Received for Lab Signed/Date/Time?

☒ Shipping document?

☒ Other

COC Information

☒ TriMatrix COC ☐ Other

COC ID Numbers: **052932**

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?

☒ Sample ID matches COC?

☒ Sample Date and Time matches COC?

☒ Container type completed on COC?

☒ All container types indicated are received?

Sample Condition Summary

N/A	Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Broken containers/lids?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Illegible information on labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Low volume received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Inappropriate or non-TriMatrix containers received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A ☒ Yes ☒ No ☐ Average sample temperature ≤ 6° C?

☒ Was thermal preservation required?

If "No", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

☒ Samples chemically preserved correctly?

If "No", added orange tag?

☐ Received pre-preserved VOC soils?

☐ MeOH ☐ Na₂SO₄

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological

☐ Air Bags

☐ EnCores / Methanol Pre-Preserved

☐ Formaldehyde/Aldehyde

☐ Green-tagged containers

☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)

☒ NONE RECEIVED

☐ RECEIVED, COCs TO LAB(S)

Notes

☐ Trip Blank received ☒ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?
7-17-12 0835	7-17-12 0945	Yes No

5208
07.17
A 1 35

ORIGIN ID: GRRA (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT
5500 SAN ANTONIO DR NE

SHIP DATE: 28JUN12
ACTWGT: 20.0 LB MAN
CAD: 564991/CAPE2511

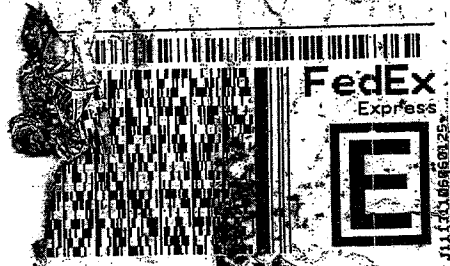
ALBUQUERQUE NM: 871094127
UNITED STATES US

BILL SENDER

TO **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: GLW KN

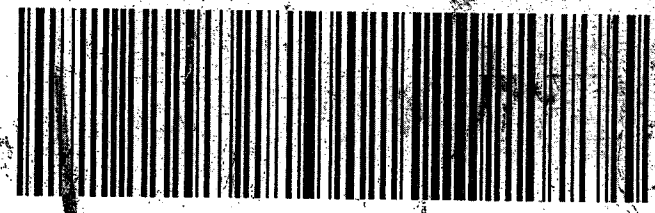


FedEx
TRK# 4953 7700 5208
0221

TUE 17 JUL 12
STANDARD OVERNIGHT

XX GRRA

49512
MI-US GRB



874895 077 5 51561/E052/AA44

QUALITY ENVIRONMENTAL CONTAINERS
800-253-3950 • 304-255-3900

STANDARD SEAL

SIGNATURE

[Signature]

RT5



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

652932

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart

VOA Pack/Tray
573G/249G

Client Name
TechLaw Inc.

Project Name
KNM

Receipt Log No.
13.3

Address
205 W. Wacker Drive, Suite 1622

Client Project No. / P.O. No.

Project Chemist
Gary Wood

City, State Zip
Chicago, IL 60606

Invoice To
☒ Client
☐ Other (comments)

Work Order No.
1207239

Phone/Cell: 312.345.8930, 217.721.5483
Email: kmwillcock@techlawinc.com

Contact/Report To
Kim Willcock

A	D	A	A	C	B	F	D	B
EDB-8011								
VOCs								

- ← PRESERVATIVES
- A NONE pH-7
 - B HNO₃ pH<2
 - C H₂SO₄ pH<2
 - D 1+1 HCl pH<2
 - E NaOH pH>12
 - F ZnAc/NaOH pH>9
 - G MeOH
 - H Other (note below)

Schedule

Matrix Code Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

C O M P O S I T E

Matrix

Number of Containers Submitted

W

106107A

2-12-10:00

✓

W 2

2

2

2

2

W

106107B

2-12-10:00

✓

W 3

3

3

3

3

W

106106A

2-12-12:15

✓

W 2

2

2

2

2

W

106106B

2-12-12:15

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

W

106105A

2-12-14:16

✓

W 2

2

2

2

2

W

106105B

2-12-14:16

✓

W 3

3

3

3

3

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER



List non-conformance issues associated with this work order in the chart below/left. Identify discrepancies between the COC and sample tags in the chart below/right. Add comments as needed.

1207739

Project Chemist

List non-conformance issues associated with this work order in the chart below/left. Identify discrepancies between the COC and sample tags in the chart below/right. Add comments as needed.

[illegible]

General Comments:

Project Chemist (Initials/date)

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	Work Order #: 1207239
Receipt Record Page/Line # 13.3	New / Add To Project Chemist Sample #s

Recorded by (Initials/date) WC 7-18-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (#)	<input type="checkbox"/> See Additional Cooler Information Form
--	--	--------------------------	--	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
1m 0489	0920							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		
Coolant/Temperature Taken Via:		Coolant/Temperature Taken Via:		Coolant/Temperature Taken Via:		Coolant/Temperature Taken Via:		
<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via:		Alternate Temperature Taken Via:		Alternate Temperature Taken Via:		Alternate Temperature Taken Via:		
<input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		<input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		<input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		<input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:		3.2	Temp Blank:			Temp Blank:		
TB location: <input checked="" type="checkbox"/> Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	4.0	4.0	1			1		
2	3.1	3.1	2			2		
3	3.8	3.8	3			3		
Average °C 3.6			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____

Received for Lab Signed/Date/Time? _____

☐ Shipping document?

☐ Other _____

COC Information

☒ TriMatrix COC ☐ Other _____

COC ID Numbers: **052932**

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?

☒ Sample ID matches COC?

☒ Sample Date and Time matches COC?

☒ Container type completed on COC?

☒ All container types indicated are received?

Sample Condition Summary

N/A ☒ Yes ☐ No ☐ Broken containers/lids?

☒ Missing or incomplete labels?

☒ Illegible information on labels?

☒ Low volume received?

☒ Inappropriate or non-TriMatrix containers received?

☐ VOC vials / TOX containers have headspace?

☐ Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A ☒ Yes ☐ No ☐ Average sample temperature ≤6° C?

☐ Was thermal preservation required?

If "No", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

☒ Samples chemically preserved correctly?

If "No", added orange tag?

☐ Received pre-preserved VOC soils?

☐ MeOH ☐ Na₂SO₄

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological

☐ Air Bags

☐ EnCores / Methanol Pre-Preserved

☐ Formaldehyde/Aldehyde

☐ Green-tagged containers

☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:

COPIES OF COC TO LAB AREA(S)

☐ NONE RECEIVED

☐ RECEIVED, COCs TO LAB(S)

Notes

☐ Trip Blank received ☒ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?
7-18-12 0900	7-18-12	Yes / No

ORIGIN ID: GRRA (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

SHIP DATE: 28 JUN 12
ACTWGT: 20.0 LB TAN
CAD: 564091/CAFE2511

ALBUQUERQUE, NM 871094127
UNITED STATES US

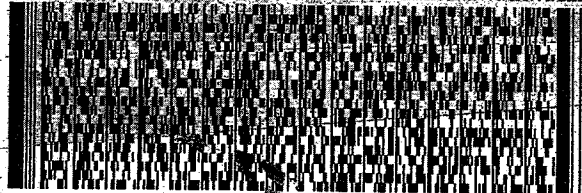
BILL SENDER

TO **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500

REF: GLN KNM



FedEx
Express



580C1/733A/10BC

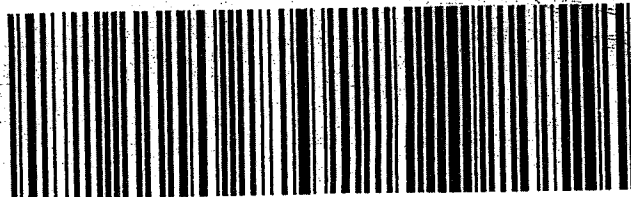
FedEx

TRK# 4953 7700 5220
0221

WED - 18 JUL A
STANDARD OVERNIGHT

XX GRRA

49512
MI-US GRRA



#874437 07/17 515G1/E052/AA44

5220
0718

FZ

USTODY SEAL

SIGNATURE

17-62
Dan Sa

QEC

Quality Environmental Containers
800-255-3950 • 304-255-3900

00037

SAMPLE RECEIVING / LOG-IN CHECKLIST

1207258



Client: <u>Techlaw Inc.</u>	Work Order #: <u>1207258</u>
Receipt Record Page/Line # <u>15-4</u>	New / Add To Project Chemist _____ Sample #s _____

Recorded by (initials/date): <u>SK 7/19/12</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other _____	Qty Received: <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (# _____)
--	--	------------------------	--

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
2932	0944							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed <u>Top / Middle / Bottom</u> Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:	-	5.9	Temp Blank:			Temp Blank:		
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	4.9	-	4.9	1		1		
2	5.4	-	5.4	2		2		
3	5.2	-	5.2	3		3		
Average °C			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____

Received for Lab Signed/Date/Time? _____

☐ Shipping document?

☐ Other _____

COC Information

☒ TriMatrix COC ☐ Other _____

COC ID Numbers: _____

Check Sample Preservation

N/A ☐ Yes ☒ No ☐

☐ Average sample temperature ≤ 6° C?

☐ Was thermal preservation required?

If "No", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

☒ Samples chemically preserved correctly?

If "No", added orange tag?

☐ Received pre-preserved VOC soils?

☐ MeOH ☐ Na₂SO₄

Check COC for Accuracy

Yes ☒ No ☐

☐ Analysis Requested?

☒ Sample ID matches COC?

☒ Sample Date and Time matches COC?

Container type completed on COC?

☒ All container types indicated are received?

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological

☐ Air Bags

☐ EnCores / Methanol Pre-Preserved

☐ Formaldehyde/Aldehyde

☐ Green-tagged containers

☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)

☒ NONE RECEIVED

☐ RECEIVED, COCs TO LAB(S)

Sample Condition Summary

N/A ☐ Yes ☒ No ☐

☒ Broken containers/lids?

☒ Missing or incomplete labels?

☒ Illegible information on labels?

☒ Low volume received?

☒ Inappropriate or non-TriMatrix containers received?

☐ VOC vials / TOX containers have headspace?

☐ Extra sample locations / containers not listed on COC?

Notes

☒ Trip Blank received ☐ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?
7/19/12 0820	7/19/12 0950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

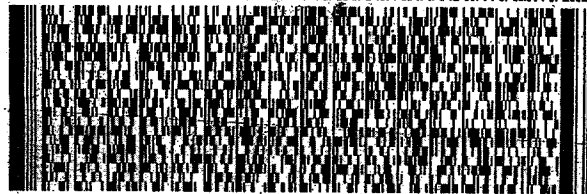
SHIP DATE: 28JUN12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

BILL SENDER

TO **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 978-4500
REF: GLW KNM



FedEx
Express



FedEx

TRK#
0221

4953 7700 5150

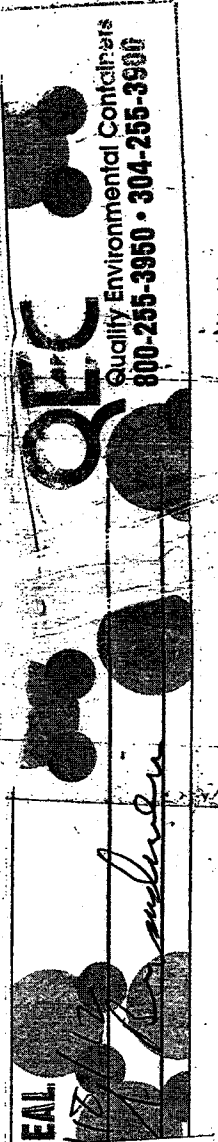
THU - 19 JUL A
STANDARD OVERNIGHT

XX GRRR

49512
MI-US GRR



#874695 07/18 515G1/E052/AA44





5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

652932

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart

VOA Rack/Tray

Client Name
TechLaw Inc.

Project Name
KNM

A	D	A	A	C	B	F	D	B

Receipt Log No.

Address
205 W. Wacker Drive, Suite 1622

Client Project No. / P.O. No.

EDB-8011								
VOCs								

Project Chemist

City, State Zip
Chicago, IL 60606

Invoice To ☒ Client
☐ Other (comments)

Work Order No.

Phone/Cell: 312.345.8930; 217.721.5483
Email: kwitlock@techlawinc.com

Contact/Report To
Kim Whitlock

Container Type (corresponds to Container Packing List)

- ← PRESERVATIVES
A NONE pH-7
B HNO₃ pH<2
C H₂SO₄ pH<2
D 1+1 HCl pH<2
E NaOH pH>12
F ZnAc/NaOH pH>9
G MeOH
H Other (note below)

Schedule Matrix Code Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

C O M P A B Matrix

Number of Containers Submitted

Total

Sample Comments

04 W 01

106098 A

3013

7/19/12 10:54

✓ W

2

2

2

04 W 02

106098 B

✓ W

7/19/12 10:54

✓ W

3

3

3

04 W 03

106013 A

✓ W

7/19/12 11:37

✓ W

2

2

2

04 W 04

106013 B

✓ W

7/19/12 11:37

✓ W

3

3

3

04 W 05

04 W 06

04 W 07

04 W 08

04 W 09

04 W 10

Sampled By (print)

Sampler's Signature

Company

How Shipped? Tracking No.

Hand Carrier

Comments: 4MD, Std 10-BD; 15-DVP.

Relinquished By

Received By

Relinquished By

Received By

Date Time

Relinquished By

Received By

Date Time

Relinquished By

Received By

Date Time

MS ED / HUB

7/19/12 15:00

7/19/12 15:00

7/19/12 15:00

7/19/12 15:00

7/19/12 15:00

7/19/12 15:00

7/19/12 15:00

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

652932

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart

VOA Rack/Tray

Client Name
Techlaw Inc.

Project Name
KNM

Receipt Log No.

Address
205 W. Wacker Drive, Suite 1622

Client Project No. / P.O. No.

Project Chemist
Gary Wood

City, State Zip
Chicago, IL 60606

Invoice To ☒ Client
☐ Other (comments)

Work Order No.

Phone/Cell: 312.345.8930; 217.721.5483
Email: kwhitlock@techlawinc.com

Contact/Report To
Kim Whitlock

EDB-8011
VOCs

Container Type (corresponds to Container Packing List)

← PRESERVATIVE →
A NONE pH-7
B HNO₃ pH<2
C H₂SO₄ pH<2
D 1+1 HCl pH<2
E NaOH pH>12
F ZnAc/NaOH pH>9
G MeOH
H Other (note below)

Schedule Matrix Code Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

C O M P M A B Matrix

Number of Containers Submitted

Total

Sample Comments

04 W 03

106026

2782

7/19/12 16:00

1 W 2

3

2

3

W

106026

✓

7/19/12 16:00

1 W 2

3

3

3

3

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3

3

3

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3

3

4

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4

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10

10

Comments: 4MD, Std 10-BD, 15-DVP.

Comments: 4MD, Std 10-BD, 15-DVP.

Sampled By (print)

How Shipped?

Hand

Carrier

✓

Sampler's signature

Tracking No.

Hand

Carrier

✓

Comments: 4MD, Std 10-BD, 15-DVP.

Comments: 4MD, Std 10-BD, 15-DVP.

Company

1. Relinquished By

Date

Time

1. Received By

2. Relinquished By

Date

Time

3. Relinquished By

Date

Time

1. Relinquished By
7/19/12 16:30

1. Received By

Date

Time

1. Relinquished By

2. Relinquished By

Date

Time

3. Relinquished By

Date

Time

7/19/12 0850

SAMPLE RECEIVING / LOG-IN CHECKLIST



TRIMATRIX
LABORATORIES

Client <u>Techlaw</u>	Work Order #: <u>1207292</u>				
Receipt Record Page/Line #	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">New / Add To</td> <td style="width: 50%;">Sample #s</td> </tr> <tr> <td>Project Chemist</td> <td></td> </tr> </table>	New / Add To	Sample #s	Project Chemist	
New / Add To	Sample #s				
Project Chemist					

Recorded by (initials/date) <u>Ln 7/20/12</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
--	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
<u>3013</u>	<u>0948</u>	<u>2782</u>	<u>0951</u>				
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact	
Coolant Location: <u>Dispersed / Top / Middle / Bottom</u>		Coolant Location: <u>Dispersed / Top / Middle / Bottom</u>		Coolant Location: <u>Dispersed / Top / Middle / Bottom</u>		Coolant Location: <u>Dispersed / Top / Middle / Bottom</u>	
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers	
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank: <u>4.2</u>			Temp Blank: <u>4.2</u>			Temp Blank:	
TB location: <u>Representative</u> / Not Representative		TB location: <u>Representative</u> / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative	
1 <u>4.2</u>		<u>4.2</u>	1 <u>4.5</u>		<u>4.5</u>	1	
2 <u>4.2</u>		<u>4.2</u>	2 <u>4.4</u>		<u>4.4</u>	2	
3 <u>4.2</u>		<u>4.2</u>	3 <u>4.8</u>		<u>4.8</u>	3	
Average °C <u>4.2</u>		Average °C <u>4.5</u>		Average °C		Average °C	
<input checked="" type="checkbox"/> Cooler ID on COC?		<input checked="" type="checkbox"/> Cooler ID on COC?		<input type="checkbox"/> Cooler ID on COC?		<input type="checkbox"/> Cooler ID on COC?	
<input checked="" type="checkbox"/> VOC Trip Blank received?		<input checked="" type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ Received for Lab Signed/Date/Time? <input type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other <u>652932 A & B</u> COC ID Numbers:	Check Sample Preservation N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Average sample temperature ≤6° C? <input type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄						
Check COC for Accuracy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)						
Sample Condition Summary N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Broken containers/lids? <input type="checkbox"/> Missing or incomplete labels? <input type="checkbox"/> Illegible information on labels? <input type="checkbox"/> Low volume received? <input type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input checked="" type="checkbox"/> NONE RECEIVED <input type="checkbox"/> RECEIVED, COCs TO LAB(S) </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 33%;">Trip Blank received <input checked="" type="checkbox"/></td> <td style="width: 33%;">Trip Blank not listed on COC <input type="checkbox"/></td> <td style="width: 33%;"></td> </tr> <tr> <td>Cooler Received (Date/Time) <u>7/20/12 0850</u></td> <td>Paperwork Delivered (Date/Time) <u>7/20/12 0955</u></td> <td>≤1 Hour Goal Met? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> </table>	Trip Blank received <input checked="" type="checkbox"/>	Trip Blank not listed on COC <input type="checkbox"/>		Cooler Received (Date/Time) <u>7/20/12 0850</u>	Paperwork Delivered (Date/Time) <u>7/20/12 0955</u>	≤1 Hour Goal Met? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Trip Blank received <input checked="" type="checkbox"/>	Trip Blank not listed on COC <input type="checkbox"/>						
Cooler Received (Date/Time) <u>7/20/12 0850</u>	Paperwork Delivered (Date/Time) <u>7/20/12 0955</u>	≤1 Hour Goal Met? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

ORIGIN ID: GRRA (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

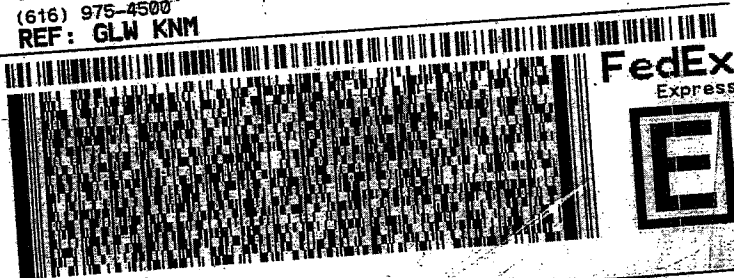
SHIP DATE: 28JUN12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

BILL SENDER

TO **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: GLW KNM



FedEx

TRK#
0221

4953 7700 5241

FRI - 20 JUL AM
STANDARD OVERNIGHT

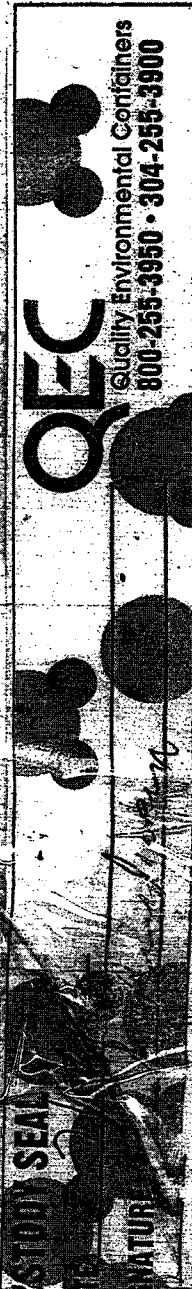
XX GRRA

49512
MI-US GRB



#874695 07/19-515012E052/0000

580C1/793A/10BC



SAMPLE RECEIVING / LOG-IN CHECKLIST



Client <u>Tech Law KWM</u>	Work Order #: <u>1207868</u>
Receipt Record Page/Line # <u>25-4</u>	New / Add To _____ Project Chemist _____ Sample #s _____

Recorded by (initials/date) <u>SR 7/25/12</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other _____	Qty Received <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (# _____)
---	--	-----------------------	--

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
3011	0837						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact	
Coolant Location: Dispersed / Top / <u>Middle</u> / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom	
Coolant/Temperature Taken Via:		Coolant/Temperature Taken Via:		Coolant/Temperature Taken Via:		Coolant/Temperature Taken Via:	
<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		<input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers	
Alternate Temperature Taken Via:		Alternate Temperature Taken Via:		Alternate Temperature Taken Via:		Alternate Temperature Taken Via:	
<input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		<input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		<input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		<input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank: <u>—</u>		<u>4.0</u>	Temp Blank: <u>—</u>			Temp Blank: <u>—</u>	
TB location: <u>Representative</u> / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative	
1	<u>3.8</u>	<u>—</u>	3.8	1			
2	<u>4.9</u>	<u>—</u>	4.9	2			
3	<u>5.6</u>	<u>—</u>	5.6	3			
Average °C		Average °C		Average °C		Average °C	
<input checked="" type="checkbox"/> Cooler ID on COC?		<input checked="" type="checkbox"/> Cooler ID on COC?		<input type="checkbox"/> Cooler ID on COC?		<input type="checkbox"/> Cooler ID on COC?	
<input checked="" type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

<h3>Paperwork Received</h3> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ Received for Lab Signed/Date/Time? _____ <input checked="" type="checkbox"/> Shipping document? <input type="checkbox"/> Other _____	<h3>Check Sample Preservation</h3> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Average sample temperature ≤ 6° C? <input type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input checked="" type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄																														
<h3>COC Information</h3> <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: <u>652932</u>	<h3>Check for Short Hold-Time Prep/Analyses</h3> <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)																														
<h3>Check COC for Accuracy</h3> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input checked="" type="checkbox"/> NONE RECEIVED <input type="checkbox"/> RECEIVED, COCs TO LAB(S) </div>																														
<h3>Sample Condition Summary</h3> <table style="width: 100%;"> <tr> <th>N/A</th> <th>Yes</th> <th>No</th> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Broken containers/lids?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Missing or incomplete labels?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Illegible information on labels?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Low volume received?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> VOC vials / TOX containers have headspace?</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/> Extra sample locations / containers not listed on COC?</td> </tr> </table>	N/A	Yes	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Broken containers/lids?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Missing or incomplete labels?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Illegible information on labels?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Low volume received?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> VOC vials / TOX containers have headspace?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Extra sample locations / containers not listed on COC?	<h3>Notes</h3> <p><u>Could not remove Custody Seal.</u></p> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC </div> <table style="width: 100%;"> <tr> <td>Cooler Received (Date/Time)</td> <td>Paperwork Delivered (Date/Time)</td> <td>≤ 1 Hour Goal Met?</td> </tr> <tr> <td><u>7/25/12 0815</u></td> <td><u>7/25/12 0842</u></td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?	<u>7/25/12 0815</u>	<u>7/25/12 0842</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
N/A	Yes	No																													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Broken containers/lids?																													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Missing or incomplete labels?																													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Illegible information on labels?																													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Low volume received?																													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?																													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> VOC vials / TOX containers have headspace?																													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Extra sample locations / containers not listed on COC?																													
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?																													
<u>7/25/12 0815</u>	<u>7/25/12 0842</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													

SHIP DATE: 28 JUN 72
 BOTTLING: 20 0 18 10N
 CAD: 554051/001425

GRAND RAPIDS MI 495125503
(516) 975-4500
REF: GLW KNM

REF: GLW KNM
(616) 975-4500

REF: GLW, KNM

FedEx[illegible]

TRK# 4953 7700 5182
0221

WED

STANDARD

XX GRPA

MI-US 49512 GRP

GRAND

00047



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

652932

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

← PRESERVATIVES

- A NONE pH-7
- B HNO₃ pH<2
- C H₂SO₄ pH<2
- D 1+1 HCl pH<2
- E NaOH pH>12
- F ZnAc/NaOH pH>9
- G MeOH
- H Other (note below)

VOA Rack/Tray

432,472 W:

Receipt Log No.

25-3

Project Chemist

Gary Wood

Work Order No.

1207370

Client Name

Techlaw Inc.

Address

205 W. Wacker Drive, Suite 1622

City, State Zip

Chicago, IL 60606

Phone/Cell: 312.345.8930; 217.721.5483

Email: kwhitlock@techlawinc.com

Project Name

KNM

Client Project No. / P.O. No.

Invoice To

Client

Other (comments)

Contact/Report To

Kim Whitlock

A D A A C B F D B

EDB-8011
VOCs

Container Type (corresponds to Container Packing List)

0 1 Number of Containers Submitted

Total

Sample Comments

Schedule

Matrix Code

Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Sampled By (print)

Brian Siden

How Shipped?

Tracking No.

Company

NM 40 / HWB

1. Relinquished By

Brian Siden

Date

7-23-12

Time

14:20

2. Received By

Brian Siden

Date

7-23-12

Time

14:20

Comments: 4MD, Std 10-BD, 15-DVP.

1. Relinquished By

Brian Siden

Date

7-23-12

Time

14:20

2. Received By

Brian Siden

Date

7-23-12

Time

14:20

3. Relinquished By

Brian Siden

Date

7-23-12

Time

14:20

4. Received By

Brian Siden

Date

7-23-12

Time

14:20



9024

Project Chemist (initials/date)

SAMPLE RECEIVING / LOG-IN CHECKLIST

UR 7/25/12



Client Techlaw Inc	Work Order #: 120736-9/1207370
Receipt Record Page/Line # 25-3	Project Chemist Sample #s

Recorded by (Initials/date) Ln 7/25/12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
--	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
2202	0832						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank:			Temp Blank:			Temp Blank:	
TB location: Representative / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative	
1	8.3	-	8.3	1		1	
2	7.1	-	7.1	2		2	
3	7.1	-	7.1	3		3	
Average °C		Average °C		Average °C		Average °C	
<input checked="" type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ Received for Lab Signed/Date/Time? <input type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other	Check Sample Preservation N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Average sample temperature ≤6° C? <input type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input checked="" type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄						
COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: 652932	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)						
Check COC for Accuracy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Notes <input checked="" type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC <table border="1"> <tr> <td>Cooler Received (Date/Time)</td> <td>Paperwork Delivered (Date/Time)</td> <td>≤1 Hour Goal Met?</td> </tr> <tr> <td>7/25/12 0815</td> <td>7/25/12 0836</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	7/25/12 0815	7/25/12 0836	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
7/25/12 0815	7/25/12 0836	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Sample Condition Summary N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?							

ORIGIN ID: GRRA (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT
5500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

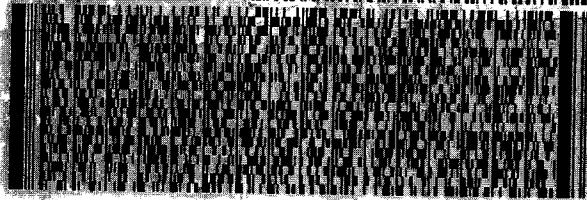
SHIP DATE: 28 JUL
ACTWT: 20.0 LB
CAD: 554091/CAD

BILL SENDER

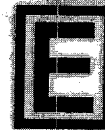
TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: GLW KNM



FedEx
Express



FedEx

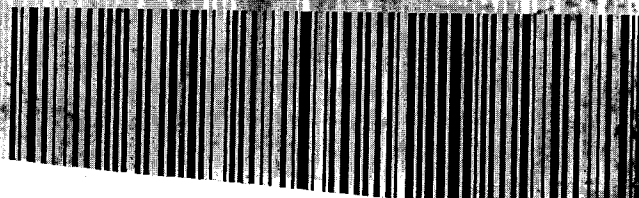
TRK#
0221

4953 7700 5116

WED - 25 JUL AM
STANDARD OVERNIGHT

XX GRRA

49512
MI-US GRRA



CUSTODY SEAL

DATE

SIGNATURE



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

652932

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

← PRESERVATIVES

VOA Rack/Tray

Client Name
TechLaw Inc.

Project Name
KNM

1055G, 14G

Address

205 W. Wacker Drive, Suite 1622

Client Project No. / P.O. No.

Receipt Log No. 27.6

Project Chemist

City, State Zip
Chicago, IL 60606

Invoice To ☒ Client
☐ Other (comments)

Gary Wood

Work Order No.

Phone/Cell: 312.345.8930; 217.721.5483

Contact/Report To

1207404

Email: kmhlock@techlawinc.com

Kim Whitlock

A D A A C B F D B
EDB-8011
VOCs

Container Type (corresponds to Container Packing List)

A NONE pH<7
B HNO₃ pH<2
C H₂SO₄ pH<2
D 1+1 HCl pH<2
E NaOH pH>12
F ZnAc/NaOH pH>9
G MeOH
H Other (note below)

Schedule Matrix Code Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

Matrix

Number of Containers Submitted

Total

Sample Comments

W 1

106063A

7-25-12 10:05

W 2

2

W 2

3

3

2

3

3

2

3

2

3

W 2

106063B

7-25-12 10:05

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 3

106055A

7-25-12 10:30

W 2

2

W 2

3

2

3

2

3

2

3

2

3

W 4

106055B

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 5

106055C

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 6

106055D

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 7

106055E

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 8

106055F

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 9

106055G

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 10

106055H

7-25-12 10:30

W 3

3

W 3

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2

3

2

3

2

3

W 11

106055I

7-25-12 10:30

W 3

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W 3

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3

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3

2

3

2

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W 12

106055J

7-25-12 10:30

W 3

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W 3

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W 13

106055K

7-25-12 10:30

W 3

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W 3

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2

3

2

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3

2

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W 14

106055L

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 15

106055M

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

W 16

106055N

7-25-12 10:30

W 3

3

W 3

3

2

3

2

3

2

3

2

3

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	New / Add To 1207404	Work Order # 1207404
Receipt Record Page/Line # 27.6	Project Chemist	Sample #s

Recorded by (initials/date) WC 7-26-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> Other (#)	<input type="checkbox"/> See Additional Cooler Information Form
--	--	--------------------------	--	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
1m 1735	1128							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: <input checked="" type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		Coolant Location: <input type="checkbox"/> Dispersed / Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:		2.0	Temp Blank:			Temp Blank:		
TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative			TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative			TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		
1	3.8	3.8	1			1		
2	3.5	3.5	2			2		
3	3.6	3.6	3			3		
Average °C 3.6			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____

Received for Lab Signed/Date/Time? _____

☐ Shipping document?
☐ Other _____

COC Information

☒ TriMatrix COC ☐ Other _____

COC ID Numbers: _____

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?

☒ Sample ID matches COC?

☒ Sample Date and Time matches COC?

☒ Container type completed on COC?

☒ All container types indicated are received?

Sample Condition Summary

N/A ☒ Yes ☐ No ☐

☐ Broken containers/lids?

☐ Missing or incomplete labels?

☐ Illegible information on labels?

☐ Low volume received?

☐ Inappropriate or non-TriMatrix containers received?

☐ VOC vials / TOX containers have headspace?

☐ Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A ☒ Yes ☐ No ☐

☐ Average sample temperature ≤ 6° C?

☐ Was thermal preservation required?

If "No", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

☒ Completed Sample Preservation Verification Form?

☒ Samples chemically preserved correctly?

If "No", added orange tag?

☐ Received pre-preserved VOC soils?

☐ MeOH ☐ Na₂SO₄

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological

☐ Air Bags

☐ EnCores / Methanol Pre-Preserved

☐ Formaldehyde/Aldehyde

☐ Green-tagged containers

☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)

☒ NONE RECEIVED

☐ RECEIVED, COCs TO LAB(S)

Notes

☐ Trip Blank received ☐ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?
7-26-12 0800	7-26-12 1132	Yes / (No)

ORIGIN ID: GRRA (505) 222-9504
SEP BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE
ALBUQUERQUE, NM 871094127
UNITED STATES US

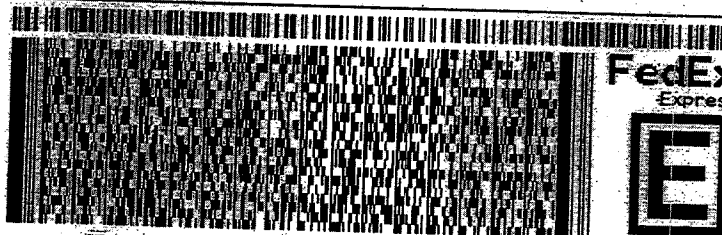
SHIP DATE: 28JUN12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

BILL SENDER

TO: SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5550 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: GLW KNM



560C17/53R/188C

FedEx
TRK# 0221 4953 7700 5193

THU - 26 JUL 12
STANDARD OVERNIGHT

XX GRRA

495125503
MI-US GRRA



#874695 07/25 51561/2052/AN04

CUSTODY SEAL			QEC Quality Environmental Containers 800-255-3950 • 304-255-3900
DATE	7-25-12		
SIGNATURE			

00054

Phone (616) 975-4500 Fax (616) 942-7463

www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

[illegible]

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER



8/1/12

General Comments:

Project Chemist ()

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	Work Order #: 1208015
Receipt Record Page/Line # 37-5	New / Add To Project Chemist Sample #s

Recorded by (initials/date) LA 8/1/12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
---	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
2231	0915						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact	
Coolant Location: Dispersed / Top / <u>Middle</u> / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom	
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers	
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank:		6.4	Temp Blank:			Temp Blank:	
TB location: <u>Representative</u> / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative	
1	3.9	3.9	1			1	
2	3.1	3.1	2			2	
3	5.6	5.6	3			3	
Average °C		Average °C		Average °C		Average °C	
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____

Received for Lab Signed/Date/Time? _____

☐ Shipping document?

☐ Other _____

COC Information

☒ TriMatrix COC ☐ Other **652932**

COC ID Numbers:

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?

☒ Sample ID matches COC?

☒ Sample Date and Time matches COC?

Container type completed on COC?

☒ All container types indicated are received?

Sample Condition Summary

N/A	Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Broken containers/lids?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Missing or incomplete labels?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Illegible information on labels?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Low volume received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Inappropriate or non-TriMatrix containers received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A ☐ Yes ☒ No ☐ Average sample temperature ≤6° C?

☐ Was thermal preservation required?

If "No", Project Chemist Approval Initials: _____

If "Yes" Completed Non Con Cooler - Cont Inventory Form?

Completed Sample Preservation Verification Form?

☒ Samples chemically preserved correctly?

If "No", added orange tag?

☐ Received pre-preserved VOC soils?

☐ MeOH ☐ Na₂SO₄

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological

☐ Air Bags

☐ EnCores / Methanol Pre-Preserved

☐ Formaldehyde/Aldehyde

☐ Green-tagged containers

☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)

☒ NONE RECEIVED

☐ RECEIVED, COCs TO LAB(S)

Notes

☒ Trip Blank received ☐ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?
8/1/12 0815	8/1/12 0919	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

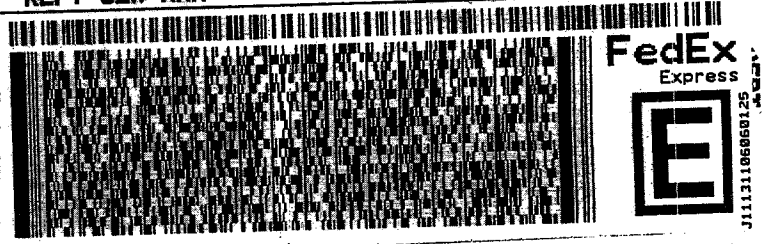
QUALITY SEAL
CUSTOMER SIGNATURE
QEC
Quality Environmental Containers
800-255-3950 • 304-255-3900
ORIGINAL

SHIP ID: GRRA (505) 222-9504
C/O BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE
ALBUQUERQUE, NM 871094127
UNITED STATES US

SHIP DATE: 28 JUN 12
ACTWGT: 20.0 LB MAN
CRD: 564091/CAFE2511
BILL SENDER

TO **SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE**

GRAND RAPIDS MI 495125503
(616) 975-4500
REF: GLW KNM



FedEx
TRK# 4953 7700 5171
0221

WED - 01 AUG AM
STANDARD OVERNIGHT

XX GRRA

495125503
MI-US GRB



SAMPLE RECEIVING / LOG-IN CHECKLIST



TRIMATRIX
LABORATORIES

Client <u>Techlaw Inc</u>	Work Order #: <u>1208057</u>
Receipt Record Page/Line # <u>39-16</u>	New / Add To Project Chemist Sample #s

Recorded by (initials/date) <u>SR 8/2/12</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
---	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
<u>1757</u>	<u>1325</u>							
Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:	<u>-</u>	<u>7.0</u>	Temp Blank:			Temp Blank:		
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	<u>7.9</u>	<u>-</u>	1			1		
2	<u>8.0</u>	<u>-</u>	2			2		
3	<u>6.6</u>	<u>-</u>	3			3		
Average °C			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC?			<input type="checkbox"/> Cooler ID on COC?			<input type="checkbox"/> Cooler ID on COC?		
<input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____
 Received for Lab Signed/Date/Time? _____
☐ Shipping document?
☒ Other _____

COC Information

☒ TriMatrix COC ☐ Other 652932

COC ID Numbers:

Check Sample Preservation

N/A ☒ Yes ☐ No ☒ Average sample temperature ≤ 6° C?
☒ Was thermal preservation required?
 If "No", Project Chemist Approval Initials: _____
 If "Yes" Completed Non Con Cooler - Cont Inventory Form?
 Completed Sample Preservation Verification Form?
☒ Samples chemically preserved correctly?
 If "No", added orange tag?
☒ Received pre-preserved VOC soils?
☐ MeOH ☐ Na₂SO₄

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?
☒ Sample ID matches COC?
☒ Sample Date and Time matches COC?
 Container type completed on COC?
☒ All container types indicated are received?

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological
☐ Air Bags
☐ EnCores / Methanol Pre-Preserved
☐ Formaldehyde/Aldehyde
☐ Green-tagged containers
☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
COPIES OF COC TO LAB AREA(S)

☒ NONE RECEIVED
☐ RECEIVED, COCs TO LAB(S)

Sample Condition Summary

N/A	Yes	No	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Broken containers/lids?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Illegible information on labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Low volume received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inappropriate or non-TriMatrix containers received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Extra sample locations / containers not listed on COC?

Notes

☒ Trip Blank received ☐ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?
<u>8/2/12 0840</u>	<u>8/2/12 1338</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

DISCLOSURE SEAL
SIGNATURE

8-1-12
Buck

QEC
Quality Environmental Containers
800-255-3950 • 304-255-3900

ORIGIN ID: GRRA (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE
ALBUQUERQUE, NM 871094127
UNITED STATES US

SHIP DATE: 28 JUN 12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503
(616) 975-4500
REF: GLW KNM



FedEx
TRK# 4953 7700 5138
0221

THU - 02 AUG A
STANDARD OVERNIGHT

XX GRRA

4951
MI-US GR



602000 08/01 51501-270/GRRA

500CL/7956/13005

521090801111111

PAID 1028/436 1030002



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

652932

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

PRESERVATIVES

Cart

VOA Rack/Tray
4548, 7276

Receipt Log No.
49-11

Project Chemist
Gary Wood

Work Order No.
1208769

Client Name
TechLaw Inc.

Address
205 W. Wacker Drive, Suite 1622

City, State Zip
Chicago, IL 60606

Phone/Cel: 312.345.8930, 217.721.5483
Email: kmwillcock@techlawinc.com

Project Name
KNM

Client Project No. / P.O. No.

Invoice To

Contact/Report To
Kim Willcock

A D A A C B F D B

EDB-8011
VOCs

Container Type (corresponds to Container Packing List)

0 1

Number of Containers Submitted

Total

Sample Comments

2 H₂ Vol

3 H₂ Vol

2

3

3

3

3

3

3

3

3

3

3

3

3

3

3

3

3

PRESERVATIVES

A NONE pH-7

B HNO₃ pH<2

C H₂SO₄ pH<2

D 1+1 HCl pH<2

E NaOH pH>12

F ZnAc/NaOH pH>9

G MeOH

H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	3 M A B	3 R A B	Matrix	Number of Containers Submitted	Total	Sample Comments
	W-B1	1	106076A		8-7-12	10:58			W	2	2	H ₂ Vol
	W	2	106076B		8-7-12	10:50			W	3	3	H ₂ Vol
	W-B2	3	1064A		8-7-12	15:05			W	2	2	
	W	4	1064B		8-7-12	15:05			W	3	3	
		5										
		6										
		7										
		8										
		9										
		10										

Comments: 4MD, Std 10-BD, 15-DVP.

Sampled By (print)

Drain Selen

How Shipped?

Hand

Carrier

Tracking No.

Sampler's Signature

None/HRB

1. Relinquished By

Date

Time

8-7-12 16:30

2. Relinquished By

Date

Time

3. Relinquished By

Date

Time

Date

Time

1. Received By

Date

Time

8-7-12 16:30

2. Received By

Date

Time

3. Received By

Date

Time

Date

Time

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER



Type of Problem

General Comments:

revision: 2.0

SAMPLE RECEIVING / LOG-IN CHECKLIST



TRIMATRIX
LABORATORIES

Client: <u>Tech Law</u>	Work Order #: <u>1208169</u>
Receipt Record Page/Line #: <u>49-11</u>	Project Chemist: <u>(Signature)</u> Sample #s: _____

Recorded by (initials/date): <u>Ln 8/8/12</u>	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other _____	Qty Received: <u>1</u>	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (# _____)
---	--	------------------------	--

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
2762	1049						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / <input checked="" type="checkbox"/> Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank: _____	_____	2.5	Temp Blank: _____	_____	_____	Temp Blank: _____	_____
TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		TB location: <input type="checkbox"/> Representative / <input type="checkbox"/> Not Representative	
1	4.1	-	4.1	1		1	
2	2.7	-	2.7	2		2	
3	3.8	-	3.8	3		3	
Average °C		3.5		Average °C		Average °C	
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ Received for Lab Signed/Date/Time? _____ <input type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other <u>652932</u> COC ID Numbers: _____	Check Sample Preservation N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Average sample temperature ≤ 6° C? <input type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input checked="" type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄						
Check COC for Accuracy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input checked="" type="checkbox"/> NONE RECEIVED <input type="checkbox"/> RECEIVED, COCs TO LAB(S) </div>						
Sample Condition Summary N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <input checked="" type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Cooler Received (Date/Time)</th> <th>Paperwork Delivered (Date/Time)</th> <th>≤ 1 Hour Goal Met?</th> </tr> <tr> <td>8/8/12 0850</td> <td>8/8/12 1054</td> <td>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?	8/8/12 0850	8/8/12 1054	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤ 1 Hour Goal Met?					
8/8/12 0850	8/8/12 1054	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					

CUSTODY SEAL
DATE
SIGNATURE

QEC

Quality Environmental Containers
800-255-3950 • 304-255-3900

ORIGIN ID: GRRA (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
6500 SAN ANTONIO DR NE

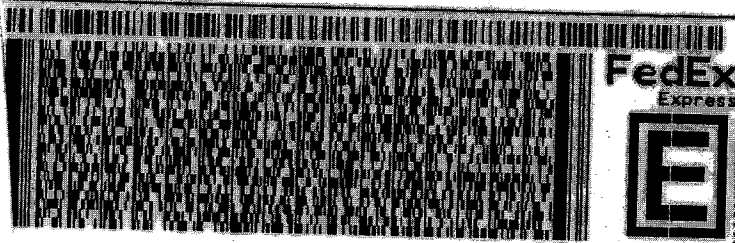
SHIP DATE: 28JUN12
ACTWGT: 20.0 LB MAN
CAD: 554091/CAFE2511

ALBUQUERQUE, NM 871094127
UNITED STATES US

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503
(616) 975-4500
REF: GLW KNM

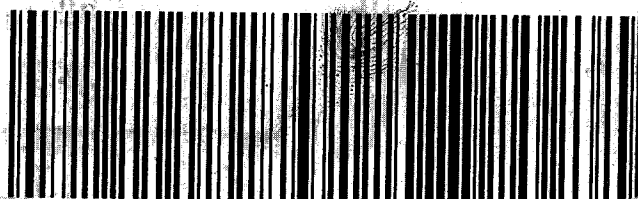


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RK# 4953 7700 5230
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WED - 08 AUG A1
STANDARD OVERNIGHT

XX GRRA

49512
MI-US GRB
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58DC1/7656/1000

Pd 15500 435 F

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	New / Add To GLW	Work Order #: R1208170
Receipt Record Page/Line # 49-10	Project Chemist	Sample #s

Recorded by (Initials/date) UK 8/8/12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
---	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
3012	1040							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: Dispersed / <input checked="" type="checkbox"/> Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:		2.8	Temp Blank:			Temp Blank:		
TB location: <input checked="" type="checkbox"/> Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	4.2	4.2	1			1		
2	3.5	3.5	2			2		
3	3.4	3.4	3			3		
Average °C			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received

Yes ☒ No ☐ Chain of Custody record(s)? If No, Initiated By _____
 Received for Lab Signed/Date/Time? _____
☐ Shipping document?
☒ Other _____

COC Information

☒ TriMatrix COC ☐ Other **652932**
 COC ID Numbers:

Check COC for Accuracy

Yes ☒ No ☐ Analysis Requested?
☒ Sample ID matches COC?
☒ Sample Date and Time matches COC?
☒ Container type completed on COC?
☒ All container types indicated are received?

Sample Condition Summary

N/A	Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Broken containers/lids?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Missing or incomplete labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Illegible information on labels?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Low volume received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> VOC vials / TOX containers have headspace?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Extra sample locations / containers not listed on COC?

Check Sample Preservation

N/A ☒ Yes ☐ No ☐
☒ Average sample temperature ≤6° C?
☐ Was thermal preservation required?
 If "No", Project Chemist Approval Initials: _____
 If "Yes" Completed Non Con Cooler - Cont Inventory Form?
☒ Completed Sample Preservation Verification Form?
☒ Samples chemically preserved correctly?
 If "No", added orange tag?
☒ Received pre-preserved VOC soils?
☐ MeOH ☐ Na₂SO₄

Check for Short Hold-Time Prep/Analyses

☐ Bacteriological
☐ Air Bags
☐ EnCores / Methanol Pre-Preserved
☐ Formaldehyde/Aldehyde
☐ Green-tagged containers
☐ Yellow/White-tagged 1L ambers (SV Prep-Lab)

AFTER HOURS ONLY:
 COPIES OF COC TO LAB AREA(S)
☒ NONE RECEIVED
☐ RECEIVED, COCs TO LAB(S)

Notes

☒ Trip Blank received ☐ Trip Blank not listed on COC

Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?
8/8/12 0850	8/8/12 1046	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

ORIGIN ID: GRRA (505) 222-9504
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5500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

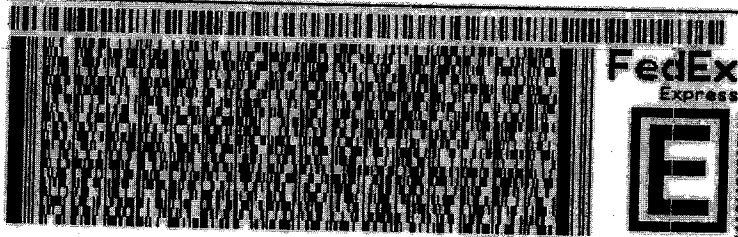
SHIP DATE: 28JUN12
ACTING: 20.0 LB MAN
CAD: 5640917CAFE2511

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: GLW KNM



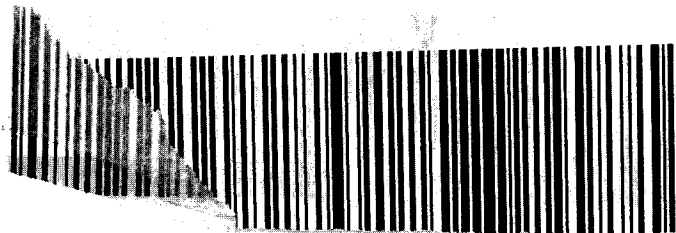
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TRK# 4953 7700 5127
0221

WED - 08 AUG A1
STANDARD OVERNIGHT

XX GRRA

49512
MI-US GR



CUSTOMER SEAL
DATE
SIGNATURE

8-7-12
BWA
8/6

QEC
Quality Environmental Cont
688-255-3950 • 304-255-3

SAMPLE RECEIVING / LOG-IN CHECKLIST



TRIMATRIX
LABORATORIES

Client Teachlaw	Work Order #: 1208192
Receipt Record Page/Line # 1-12	New / Add To Project Chemist Sample #s

Recorded by (initials/date) WC 8.9.12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
---	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
Im 2830	1100						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact	
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom	
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers	
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank: 4.2	-	4.2	Temp Blank:			Temp Blank:	
TB location: Representative / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative	
1 4.8	-	4.8	1			1	
2 4.4	-	4.4	2			2	
3 4.7	-	4.7	3			3	
Average °C 4.6		Average °C		Average °C		Average °C	
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input type="checkbox"/> Shipping document? <input type="checkbox"/> Other COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: 052932	Check Sample Preservation N/A <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Average sample temperature ≤6° C? <input type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input checked="" type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄								
Check COC for Accuracy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input type="checkbox"/> Sample Date and Time matches COC? <input type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)								
Sample Condition Summary N/A <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Broken containers/lids? <input type="checkbox"/> Missing or incomplete labels? <input type="checkbox"/> Illegible information on labels? <input type="checkbox"/> Low volume received? <input type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input checked="" type="checkbox"/> NONE RECEIVED <input type="checkbox"/> RECEIVED, COCs TO LAB(S) </div> <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Trip Blank received</td> <td><input type="checkbox"/> Trip Blank not listed on COC</td> </tr> <tr> <td>Cooler Received (Date/Time)</td> <td>Paperwork Delivered (Date/Time)</td> </tr> <tr> <td>8.9.12 0845</td> <td>8.9.12 1105</td> </tr> <tr> <td colspan="2" style="text-align: right;"> ≤1 Hour Goal Met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> </td> </tr> </table>	<input type="checkbox"/> Trip Blank received	<input type="checkbox"/> Trip Blank not listed on COC	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	8.9.12 0845	8.9.12 1105	≤1 Hour Goal Met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Trip Blank received	<input type="checkbox"/> Trip Blank not listed on COC								
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)								
8.9.12 0845	8.9.12 1105								
≤1 Hour Goal Met? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

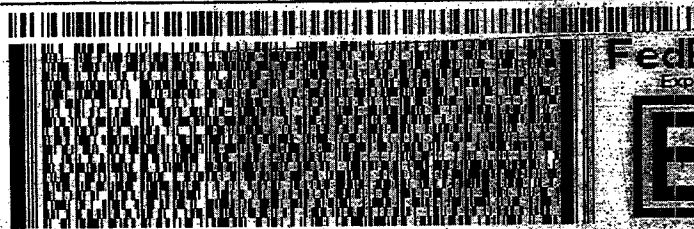
SHIP DATE: 28 JUN 12
ACTING: 20 0 1 B MAY
CAD: 564091/60FE25

BILL SENDER

TO **SAMPLE MANAGEMENT GROUP**
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: GLW KNM

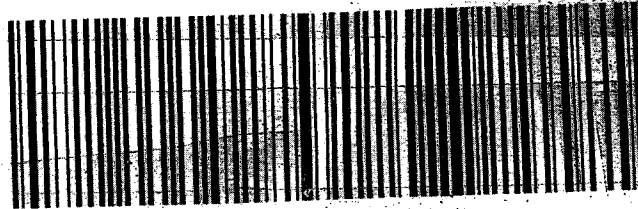


FedEx
TRK# 4953 7700 5149
0221

THU - 09 AUG AM
STANDARD OVERNIGHT

XX GRRR

49512
MI - US GRR



VS SEAL

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NATURE

ODY SEAL

QEC

Quality Environmental Containers
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